

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 100AE
Registered No. 176

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 53 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Guadalupe Flores } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____
6. Legitimate? yes 7. Date of birth July 20-1932
Month Day Year

8. FATHER
Full name Aurelio M. Flores
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Guanajuato
(State or country) Mex.

13. Occupation
Nature of Industry Carpenter

14. MOTHER
Full maiden name Rosa Johnson
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Tularosa
(State or country) New Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 12
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:50 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M. D.
(Physician or midwife.)

Given name added from a supplemental report. _____
Month, day, year _____
Address Miami, Arizona

Filed Aug 20 1932 R. E. Irwin
Registrar. Registrar.

762-0728-915